APPLICATION FORM

- The application for designation as a Level IV or V trauma center can be obtained from:

  State Trauma Coordinator at **701-328-1026 or nbrunelle@nd.gov**

  Electronically at the Department of Health DEMST website
  Trauma Designation Application
  https://www.health.nd.gov/epr/emergency-medical-systems/trauma-system/hospital-trauma-designation/

- Hospitals applying or reapplying for Level IV or V trauma center designation shall submit the completed application to the State Trauma Coordinator approximately **three months** prior to the trauma center's expiration date.

- Throughout the application, things will be noted as essential (E) items or desired (D) items. All essential elements must be met in order to obtain trauma level designation. A list of essential and desired criteria is available on the DEMST website:

  Criteria List (essential and desired)
  http://www.ndhealth.gov/trauma/resource/default.asp?ID=311

  All **essential** criteria noted on this list **must be met** prior to sending the application to the State Trauma Coordinator. Items listed as **desired** are felt to improve a facility's ability to provide excellent care to trauma patients but is not essential or practical for every facility.

Application Guidance:

- **Page 2 – Physicians and Mid-level Providers**
  List all providers who have been on-call for trauma code activations or as team leaders for trauma patients during the past 3 month period. This should match with the call schedule that is attached. A copy of a current ATLS card must be submitted for each of these providers. If additional space is needed attach a separate page.

- **Page 2 – Continuing Education**
  ATLS, ACLS, PALS, TNCC, ATCN, PHTLS
  Any trauma related in-services or trauma conferences

- **Page 2 – Nurses Staffing the ED**
  List the number of nurses trained to care for trauma patients in the emergency room followed by the number who are current in either TNCC or ATCN. This is **NOT** how many are on each shift

- **Page 3 – Continuing Education**
  ATLS, ACLS, PALS, TNCC, ATCN, PHTLS
  Any trauma related in-services or trauma conferences
  Trauma or disaster drills
  Skills fairs

- **Page 3 – Lab Department**

If certain tests are only available through "send out", note this as a comment

- **Page 4 – Specify the 12 months utilized for this review**
  Hospitals shall use the most recent 12-month period for determining the number of trauma patients. The dates chosen should coincide with charts that have gone through the PI/QA process at your facility.
  (probably a 12-month period starting three months prior to the application date)

- **Page 4 – Number of ED visits due to injury during the period noted above**
  Injury patients will include all patients who came into the emergency room with some type of injury (minor and major). This includes those patients who are entered into the trauma registry and those who are not. It includes patients meeting trauma code activation and those who do not. This is regardless of discharge disposition.

- **Page 4 – Number of trauma patients admitted to your facility during the period noted above**
  Trauma patients will include those patients who meet your facility's definition of a trauma patient. This definition will often include patients that meet trauma registry inclusion criteria or those who were trauma code activations. This number will include only trauma patients who were admitted to your facility in either an inpatient or observation status.

- **Page 4 – Number of trauma patients transferred to a Level I/II/III trauma center during the period noted above**
  Trauma patients will include those patients who meet your facility's definition of a trauma patient. This definition will often include patients that meet trauma registry inclusion criteria or those who were trauma code activations. This number will include only trauma patients who were transferred from your facility to a Level I/II/III trauma center.

- **Page 4 – Number of trauma deaths at your facility, including DOAs in the last three years**
  This number should include all trauma deaths that arrive in the emergency room and for whom some type of documentation is created at your facility during the past **three year period.**

- **Page 4 – Number of patients meeting trauma code activation criteria during the time period noted above**
  This number should include only those trauma patients meeting the activation criteria noted in boxes 1, 2 and 3 of the **Field Triage of Injured Patients**

  Field Triage Decision Guide
  https://www.health.nd.gov/epr/emergency-medical-systems/trauma-system/hospital-trauma-designation/

Box 1

Glasgow Coma Scale	≤13
Systolic BP	<90 mmHg
Respiratory Rate	<10 or >29 breaths per minute or need for ventilator support (<20 in infant aged <1 year)

Box 2

All penetrating injuries to head, neck, torso and extremities proximal to elbow or knee
Chest wall instability or deformity (ex. flail chest)
Two or more proximal long-bone fractures
Crushed, degloved, mangled or pulseless extremity
Amputation proximal to wrist or ankle
Pelvic fracture

Box 3

Falls
- Adults > 20 feet (one story is equal to 10 feet)
- Children >10 feet or 2-3x the height of the child

High-risk auto crash
- Intrusion of any side or roof of >12" on occupant site or 18" any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data consistent with a high risk of injury

Auto vs pedestrian/bicyclist thrown, run over or with significant (>20 mph) impact

Motorcycle crash >20 mph

- **Page 4 – Number of "Trauma Codes / Alerts" <u>activated</u> in the last year**
  This number should include all trauma patients meeting trauma code activation criteria as noted in boxes 1, 2 and 3 of the **Field Triage of Injured Patients** as noted above but also box 4 of the **Field Triage of Injured Patients** as noted below

Box 4

Older Adults
- Risk of injury/death increases after age 55 years
- SBP <110 may represent shock after age 65
- Low impact mechanisms (ex. ground level falls) may result in severe Injury

Children
- Should be triaged preferentially to pediatric capable trauma centers

Anticoagulants and bleeding disorders
- Patients with head injury are at high risk for rapid deterioration

Burns
- Without other trauma mechanism: triage to a burn center
- With trauma mechanism: triage to a trauma center

Pregnancy >20 weeks

EMS provider judgment

- **Page 4 – Trauma patients meeting the definition for trauma registry inclusion**

  All Trauma Code Activations or Alerts (regardless of ICD9) code)

ICD-9 codes of 800 – 959.9 and 991.0 – 3 (frostbite) and one of the following:

Trauma deaths that are registered to the hospital
Inter-facility transfers by ambulance that are admitted at the receiving hospital
Trauma patients transferred out by ambulance
Trauma patients admitted to the hospital for >48 hours
Patients admitted from ED to ICU

The following patients can be excluded from the trauma registry

Same level falls with isolated hip fractures in patients 60 years of age or older (ICD9 code: 820 - 821)
Inhalation of food / object (ICD9 code: 933 – 938)
Late effects / complications from previous trauma (ICD9: 905 – 909)

These patients are not included in the trauma registry, unless they are a Trauma Code / Alert or they have an additional injury code

Poisoning (960 – 989.9)
Hanging (994.7)
Adult and child maltreatment (995.5 – 995.8)
Drowning (994.1)

North Dakota Trauma
INCLUSION/EXCLUSION CRITERIA –ICD-10
Patients to Be Downloaded to the State

INCLUDED

- All Trauma Codes/Alerts or any level of trauma team activation (regardless of ICD-10)

- International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM):
  - **S00-S99 with 7th character modifier of A, B or C ONLY** (Injuries to specific body parts – initial encounter):
  - **T07** (Unspecified multiple injuries);
  - **T14** (Injury of unspecified body region);
  - **T20-T28 with 7th character modifier of A ONLY** (Burns by specified body parts – initial encounter);
  - **T30-T34** (Burn by TBSA percentage);
  - **T79.A1-T79.A9 with 7th character modifier of A ONLY** (Traumatic compartment syndrome – initial encounter)

And one or more of the following

- Deaths that are registered to the hospital
- Inter-facility transfers by ambulance that are admitted to the receiving hospital
- Transfers out by ambulance
- Patients admitted for > 48 hours
- Patients admitted from the ED to ICU

EXCLUDED

These are excluded from the trauma registry unless they are a trauma code/alert or they have an additional injury code.

- ❖ Same level falls with isolated hip fractures in patients 70 years of age or older
  - **72.00-S72.26**, fracture of head/neck of femur *ONLY IF age >70 AND it resulted from slipping, tripping, stumbling or a same level fall (**W01.0, W18.30, W18.31, W18.39**);*
- ❖ Superficial Injuries
  - **S00, S10, S20, S30, S40, S50, S60, S70, S80, S90** (Patients with a superficial injury that were transferred in/out for treatment of injuries or died because of injuries would be included in the registry)
- ❖ Late effects
  - **7th character modifiers of D through S** (Late effects)

- **Page 6 – Level V facilities – Midlevel review**
  Describe the process showing that in all trauma codes activations, for which the team leader was a midlevel provider, nurse practitioner or physician's assistant, were reviewed by a physician who has successfully completed and who is current in ATLS. This review must occur within 72 hours.

- **Page 7 – Trauma Team Activation Plan**
  Facilities must have a trauma team activation protocol that defines who will respond to the major trauma patient. The trauma team may include lab, x-ray, additional nurses, anesthesia, respiratory care, EMS, pastoral care etc. The team must include a trauma team leader who (depending upon the trauma level designation) will be a provider who has successfully completed and is current in ATLS.

- **Page 7 – Transfer Agreements**
  Having a transfer agreement with at least one regional trauma center is an essential requirement (Level I/II/III) and it should be updated at least every five years. It is also highly recommended to have a transfer agreement with a least one burn center.

- **Page 7 – Prevention / Public Education**
  Include any activities your facility participates in
  Suggestions can be found at:
  Prevention / Public Education
  http://www.ndhealth.gov/trauma/resource/default.asp?ID=311